

Social Work and Primary Care

A Vision for the Path Forward



Social Work and Primary Care: A Vision for the Path Forward

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Disclaimer: The following is a proposal of a vision of social work practice in primary care – one that we suggest will bring utmost benefits for Canadians – and has been inspired by the Occupational Therapy and Primary Care: A Vision for the Path Forward document.¹ We acknowledge that there are other approaches and or practices that are also important to the discussion. Along with these recommendations, social workers must abide by the provincial regulations that govern social work practice and integrate clinical judgement and client preferences along with other factors.



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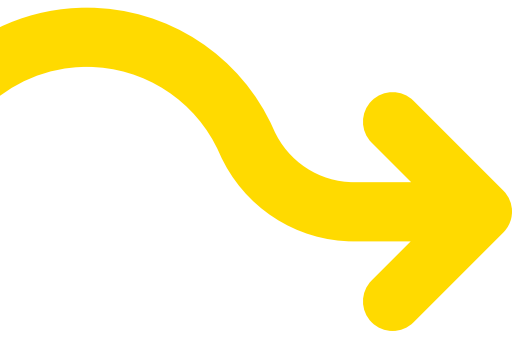


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Introduction

Primary care in Canada has undergone significant transformation in the last 20 years and continues to evolve with the expansion of interprofessional primary care teams.²⁻³ Chronic health conditions are the leading cause of disability and death in Canada,⁴ while the demand for mental health and substance use services continues to rise.⁵⁻⁸ Interprofessional primary care teams that include social workers are one strategy to respond to the unprecedented healthcare workforce challenges having profound negative impacts on the ability of Canadians to access timely, high-quality health services for these and other concerns.⁹ Team-based models of primary care expand the comprehensiveness of health and mental health services by integrating providers from various disciplinary backgrounds – including social workers – to collaborate and work in tandem with family physicians and/or nurse practitioners.^{2,10} Core elements of primary care are **client-centred, comprehensive and coordinated services** that are often the **first point of contact** when health issues arise, with care provided **longitudinally**.¹¹ Health equity and access are foundational to primary care's cornerstone role in most healthcare systems worldwide. Social work's biopsychosocial philosophy and commitment to equity and social justice directly complements primary care.¹²



Primary care social workers are highly trained generalists with areas of expertise that align with the communities within which they work.




Social work is both one of the largest health and social service professions in Canada and one of the largest groups of providers in primary care.¹²⁻¹³ **It is therefore paramount that social work be at the forefront of provincial and national decision-making about the path forward for advancing team-based primary care. This document defines key characteristics of social work in primary care, describes ways that social workers have practiced in primary care, and presents a vision for the future of social work in primary care.**

Primary care social workers are highly trained generalists with areas of expertise that align with the communities within which they work.^{12,14} Social workers enact the core principles of primary care in collaboration with other team-based primary care providers. In this setting, social workers offer comprehensive trauma-informed services to people of all genders and all ages, across the various life stages, who may be experiencing concerns related to a broad range of health and mental health issues.¹⁵ Although mental health is often a key focus, social workers in primary care support people through life transitions, and with challenges related to a range of health concerns, including but not limited to diabetes, cancer and other chronic diseases, dementia and other neurological issues, end-of-life and palliative care.^{12,13-15} As experts in providing mental health services, social

workers in primary care offer a range of clinical services, responding to clients' psychosocial needs while attending to social determinants of health.¹²⁻¹⁵ Social workers can contribute to the comprehensiveness of primary care via counselling, health promotion, client education, and chronic disease management, as well as other services including case management, resource navigation, and collaboration across health and social sectors.¹²⁻¹⁵ They are also extremely well versed in community needs, navigating across health and social systems, and accessing community resources.^{12,14-15}

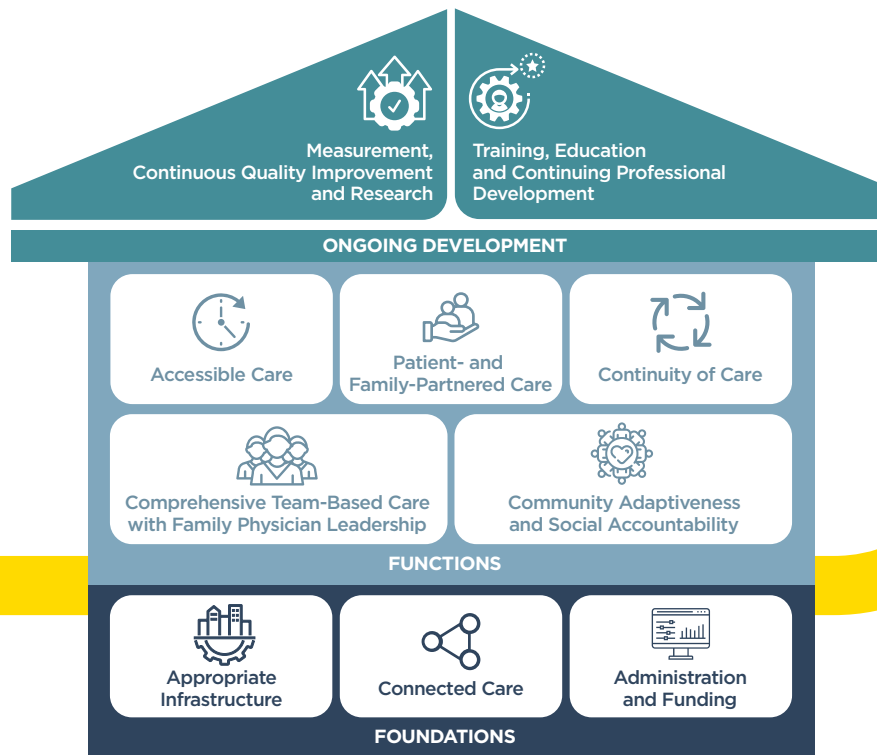
The nature of Canadian social work practice in primary care can look very different across settings and geographies.¹³ Social workers in primary care may be directly co-located with one team, working across multiple locations, or both.^{12,14} These physical workspaces affect social workers' ability to provide comprehensive client care and will affect the way primary care team collaborates.¹⁶ In addition to seeing people in-person, they may also deliver services using virtual care technologies such as telephone and video calls.¹⁷ Regardless of modality being used for service delivery, it is important that social workers in primary care are visible and have opportunities to share space with other members of the team.¹⁶



Principles of Primary Care

Primary care refers to the part of the health system which offers protective, promotive, preventive, rehabilitative, curative, and palliative services throughout a person's life.¹⁸ The Patient's Medical Home framework has been proposed as a vision for the future of primary care focused on transforming the health care system to better meet the needs of Canadians via team-based care.¹⁰ Endorsed by the Canadian Association of Social Workers (CASW) and advocated for by the College of Family Physicians of Canada, this model promotes interprofessional providers working as a team with family physicians.¹⁰ With a focus on accessible, patient-centred, continuous care, this model also recognizes that health care goes beyond an individual and includes the community and social determinants of health.

**Figure 1. Patient's Medical Home from College of Family Physicians of Canada.
A new vision for practice: The Patient's Medical Home¹⁰**



The five components outlined in this framework, comprising the whole person model of care, are also referred to as the 5Cs of primary care.^{5,10} The original model - called the Starfield principles, after their developer, Barbara Starfield - included four core functions: first contact, comprehensiveness, coordination, continuity, with a fifth “C” added to emphasize patient-partnered care.^{5,10}

The 5Cs and Patient's Medical Home model - and an emphasis on equity and inclusion - are important for social workers in primary care. Practicing primary care guided by these principles is a way of embodying the values set forth by the CASW 2024 Code of Ethics, Values and Guiding Principles.¹⁹ The close alignment between social work values and the goals of the Patient's Medical Home means that social workers are well-positioned to contribute to primary care. (Figure 1)

Using the whole person model (i.e. the Patient's Medical Home model) to guide practice in primary care leads to positive outcomes.²⁰ Social workers in primary care collaborate with family physicians and other healthcare professionals, such as nurses, nurse practitioners, occupational therapists, physiotherapists, dietitians, and pharmacists, as well as administrative support staff.^{12,15} While the types of providers that comprise a primary care team may vary depending on the health needs of the immediate community population and availability of resources, delivering care via such a team has proven to be effective in improving health outcomes and lowering the costs of health care. Continuing to deliver these positive outcomes, however, will require ongoing investment, health care system changes, and a redoubling of efforts to ensure equitable access to care for all Canadians.²¹



Current Social Work Practice In Primary Care

A recent scoping review examining social work in primary care highlighted the depth and breadth of the profession in this setting.¹⁵ Social workers were shown to be experts in areas aligning with the specific needs of their clients and communities.¹⁵ Being highly trained generalists makes social workers natural fits for primary care, given the breadth of concerns it addresses. This suggests that social workers have the potential to practice to their full scope in this setting, in a way that both aligns with the needs of communities and clients across all ages and life stages and enhances the capacity of the teams within which they work.



Being highly trained generalists makes social workers natural fits for primary care, given the breadth of concerns it addresses.

The following provides an overview of social work practice in primary care as it is conceptualized or implemented based on findings of a recent scoping review:¹⁵

1. Social workers in primary care are doing a broad range of direct client/patient-care activities:

- Advanced care planning
- Assessments
- Case management
- Client/patient advocacy
- Clinical problem solving
- Crisis management
- Counselling/therapy
- Diagnosis
- Facilitating psychoeducational groups
- Health promotion
- Social prescribing
- Systems navigation

2. Within interprofessional primary care teams, social workers are doing activities that directly contribute to teams' functioning and success:

- Clinical education
- Leadership
- Program development
- Research, evaluation, and quality improvement
- Team coordination

3. Social workers in primary care are enhancing the wellbeing of populations and the surrounding communities within which they work:

- Community development
- Gender-affirming care
- Intersectoral partnerships

4. Social workers in primary care are employing expertise in a broad range of mental, behavioural, and neurodevelopmental areas:

- Anxiety
- Attention-deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorder
- Depression
- Eating disorders
- Insomnia/sleep disorders
- Memory/cognition
- Mental health (general)
- Non-suicidal self-injury
- Personality disorders
- Serious mental illness
- Suicidality
- Trauma/PTSD

5. Social workers in primary care are working with clients experiencing problems related to a broad range of acute and chronic health conditions:

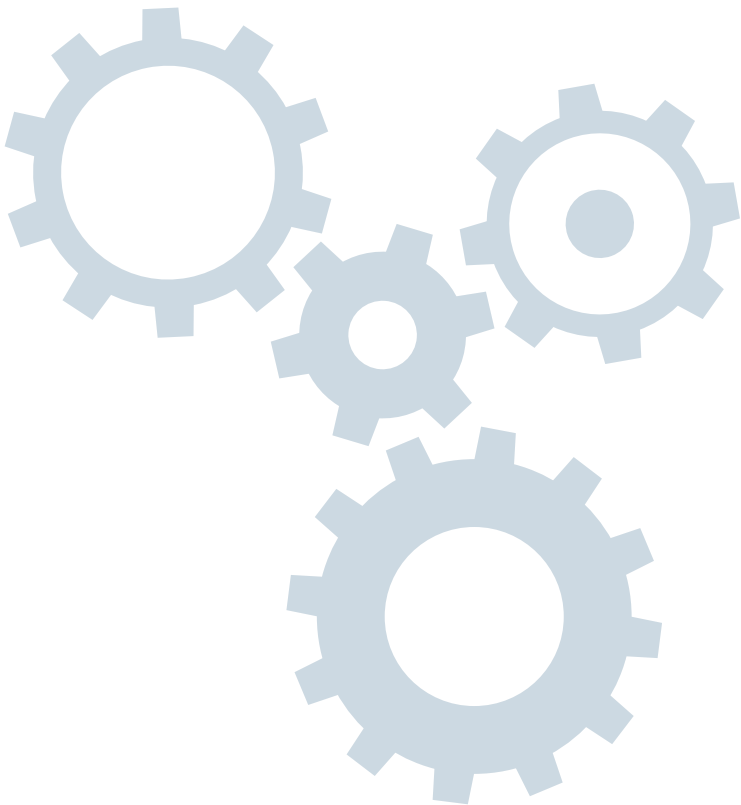
- Cancer
- Chronic disease (general)
- Chronic pain
- COVID-19
- Diabetes
- Heart disease
- HIV
- Hypertension/stroke
- Issues related to aging

6. Social workers in primary care are doing prevention and health promotion activities:

- Harm reduction activities (general)
- HIV prevention
- Sexual health counselling
- Smoking cessation

7. Social workers in primary care are working with clients to address a broad range of challenges related to the social determinants of health, where social workers hold particular expertise:

- Employment challenges
- Financial concerns
- Food insecurity
- Housing
- Structural racism
- Other areas of social determinants of health



8. Social workers in primary care are working with clients to respond to a broad range of biopsychosocial concerns that can co-occur with and influence health challenges:

- Client/patient complexity
- Interpersonal violence
- Relational issues
- Social isolation
- Legal issues
- Insurance issues (including unique concerns faced by those with undocumented challenges)
- End-of-life care needs
- Grief and loss
- Transportation challenges
- School challenges

9. Social workers in primary care are working with a range of collaborators within and beyond their immediate team using their expertise in team collaboration:

- Primary care physicians
- Nurse practitioners
- Specialist physicians (i.e. psychiatrists)
- Medical residents
- Nurses
- Pharmacists
- Psychologists
- Dietitians
- Care Coordinators
- Occupational therapists
- Physiotherapists
- Physician assistants
- Medical assistants
- Administrative staff
- Community health workers
- Midwives
- Legal professionals
- Health promoters
- Spiritual leaders
- Speech-language pathologists
- Peer-supports
- Educators
- Various types of mental health providers



Challenges to Overcome to Advance Social Work in Primary Care

Scope of Practice

There are several challenges currently facing social workers in primary care. Overcoming these challenges is necessary to maximize social workers' impact in primary care across Canada.

Results from the recent scoping review¹⁵ demonstrate that social workers in primary care are undertaking various roles spanning direct client, team, and community care. Social workers in primary care are involved in supporting people experiencing a range of mental, behavioural, and neurodevelopmental conditions, as well as a range of acute and chronic health conditions. In primary care, social workers are also doing prevention, health promotion, and harm reduction activities.¹⁵ Social workers enhance primary care's commitment to health equity, attending to the needs of those at risk of poor health because of structural and social conditions and other underlying disparities impacting on individual and community wellbeing. As social determinants of health experts, social workers in primary care are skilled in working with complexities. Social workers can improve the health outcomes and experiences of clients by simultaneously addressing challenges resulting from chronic health (e.g., mental health, diabetes, chronic kidney disease) and social care needs (e.g., social isolation, financial stress).¹⁵

Social workers are optimally trained to work with people of all ages experiencing difficulties related to mental health and substance use.¹²⁻¹⁵ Current challenges accessing mental health and substance use services include long wait times, lack of comprehensive services, uneven service quality between regions, and fragmentation.²¹⁻²² Improving access to mental health services in primary care can improve care quality, coordination of care and outcomes for clients and families struggling with mental health and substance use issues.²³ Maximizing scopes of practice and increasing the numbers of social workers in primary care will help to better respond to the high demands for mental health and substance use services during this current mental health crisis.



Social workers work with complex issues often reported as the most challenging for family physicians to manage.

Social workers can diagnose certain mental health conditions in some provinces (i.e. British Columbia, Alberta, Saskatchewan, New Brunswick).²⁴ Facilitated by robust regulatory bodies, social workers are clearly capable of fully addressing the needs of Canadians when it comes to mental health and addictions.²⁴ However, variations continue to exist across Canada in the ability of social workers to diagnose.^{13,24}

Within their full scope of practice, social workers work with complex issues often reported as the most challenging for family physicians to manage. The increasing prevalence of chronic diseases suggests that even more clients will be confronted with complex psychosocial and mental health problems that social work professionals can help address – if they are allowed to use their skills to do so. Given the high rates of complexity in primary care related to multimorbidity, chronic health conditions, mental health, and social factors – partnering social workers with family physicians and other types of health providers increases primary care teams' capacity to better support Canadians' health, mental health, and psychosocial needs.

Increasing the presence of social workers in primary care will improve the system's capacity to address complex situations while alleviating family physician burden via interprofessional teamwork. Social workers have been shown to contribute to improving team functioning and the working conditions for other healthcare providers in primary care. Embedding social workers in primary care teams also adds to the continuity and comprehensiveness of care. Despite these benefits, the extent to which social workers are embedded in primary care teams across Canada varies significantly. Social workers are underutilized in primary care in terms of numbers and scope. Maximizing social workers' scope of practice in primary care is a fiscally responsible and cost-effective solution to the unprecedented healthcare workforce challenges impacting Canadians' timely access to health and mental health services.

Leadership

Social workers in primary care hold a range of skills and expertise needed to address complex situations and engage in team leadership.²⁵ The visibility of leadership from non-medical health professionals in primary care—including social workers—continues to be limited despite the ongoing need for interprofessional leadership perspectives to facilitate team functioning. A recent study of social workers in primary care across Ontario demonstrated that most social workers in primary care are engaging in informal leadership activities and hold leadership competencies.²⁵ Social workers have capacity to assist with system transformation and the implementation of primary care reform initiatives. The uneven distribution of social workers holding formal versus informal leadership roles, as demonstrated in recent research,²⁵ is concerning and suggests that the leadership potential of social workers in primary care teams is being underutilized. As a core profession embedded in primary care teams, it is imperative that there be social work representation on national, provincial/territorial, and regional leadership bodies who are tasked with decision-making and resource allocation for new and existing primary care teams. The inclusion of social work as members of such leadership bodies is needed to ensure that teams and health systems are being developed in a way that best responds to the comprehensive health and mental health needs of Canadians.

Referral Processes

Across many settings, the referral process is creating access challenges to social workers in primary care. Recent research conducted in Ontario demonstrated that existing referral processes used to engage interprofessional health providers - including social workers - may not be effective at ensuring clients in primary care have full and direct access to needed services.¹⁷ In many primary care settings, a physician referral is required to access services from a social worker in primary care. Research has demonstrated the need for reconsideration of this traditional referral model to improve access to the range of services provided by social workers and other professions within interprofessional team-based models of primary care.¹⁷

Referral processes are a critical component of supporting access to and enacting the goals of integrated primary care. Moving forward, primary care teams need to reconsider how clients can have direct access to social work services without having to burden family physicians with this task.



Data and Evidence

In Canada, robust information is collected on the health service needs of Canadians and healthcare services across multiple settings to enhance system-level planning and organizational service delivery. For example, the Canadian Institute for Health Information (CIHI) collects and analyzes information “to accelerate improvements in health care, health system performance and population health across the continuum of care..This data includes information about health services provided to individuals, the health professionals who provide those services and the cost of the health services”.²⁶ At present, there is a dearth of data and evidence demonstrating the range of services provided by social workers in primary care, and the level of caseloads carried by social workers in these settings.

The social work profession needs to provide guidance to primary care organizations to help generate data meaningful to the social work profession. Without such evidence, it is impossible for the profession of social work to adequately plan, prepare, and advocate.



Moving forward, primary care teams need to reconsider how clients can have direct access to social work services without having to burden family physicians with this task.



Envisioning the Future of Social Work in Primary Care

Our vision of for the future of the role of social work in primary care includes that:

1. **Everyone in Canada has access to social workers in primary care.**

- All those in Canada have timely access to social work services in primary care when needed.
- Social work services across practice contexts are well coordinated, limiting duplication of services and promoting both health and social system integration and continuity of care.

2. **Social workers and a social work perspective are represented on National and provincial/territorial decision-making bodies pertaining to health and human resources in primary care.**

Social work has a unique perspective that must be a key contributor to these decision-making processes to create a better health and mental health future for all Canadians.

3. **There is pay equity for social workers across health sectors.**

Pay equity across the healthcare professions is necessary to adequately compensate social workers for their contributions relative to their colleagues and recognize social work's skill set that approaches care with its unique person-in-environment and system-based perspective. Currently, social workers are often not compensated at the same rate as other professions, despite playing very similar roles (e.g. psychotherapy, counselling). This may discourage growth of the profession when polyvalent practitioners such as social workers are most required to address ongoing mental health and substance use crises in Canada.

4. **Gaps in understanding about client ratios for social workers in primary care teams are addressed.**

Demand for social work services is quantified to determine what ratio of clients is appropriate for social workers to be effective while mitigating potential work and client-related burnout.

5. **Data on social work in primary care is readily available, ensuring its role and benefits are well understood by policy makers and facilitating stability and growth of the profession and health, mental health and substance use workforce as a whole.**

- Data on realities of social work practice in primary care is systematically collected.
- Social work evidence is included in existing primary care databases to capture data pertaining to hours worked, caseloads, client profile, complexity, and other key characteristics related to direct client care.
- Social work's capacity for research leadership in primary care is prioritized and well-funded.



6. Across Canada, social workers in primary care are practicing to full scope and there is continuity of scope of practice across provinces.

Provincial and territorial policy makers, primary care organizations, and other leaders have access to the data and evidence to support social workers to practice to full scope addressing discrepancies that exist across provinces/territories, and these bodies are in regular contact with national and provincial/territorial social work associations and other social work experts, allowing them to determine optimal approaches to integrating social workers into new primary care teams.

7. Social workers' significant contributions to primary care are highlighted and celebrated.

Interprofessional teams are central to patient medical homes which are the foundation of an integrated healthcare system. Social work associations routinely highlight and celebrate unique contributions of social workers in primary care teams and their roles in supporting integrated health and social care systems so that policy and decision makers are positioned to continue supporting the profession.

8. Social workers in primary care have access to more numerous leadership opportunities.

Social work leadership is currently underutilized, and both systems and service users would greatly benefit from social workers taking up a range of leadership opportunities, including in social programming, in engaging service users as experts in their own care, and more.

9. Social work education includes primary care.

Evidence unique to social workers in primary care continues to expand. As the national professional association with a self-directed mandate to provide at least 20 hours of continuing education per year to support social workers' registration requirements, CASW provides continuing professional development opportunities specific to social work in primary care is needed to ensure that current evidence is disseminated and supports social work practice in this setting.





Recommendations

At-a-Glance:

1. The federal government fund a comprehensive social work sector study and analysis of the social work workforce.
2. That Health Canada include the Social Work profession on the Coalition for Action for Health Workers. Further, that the newly formed Health Workforce Canada prioritize the social work profession in its health and human resource research and planning.
3. The federal government make funds available for a National Social Work Caseload study.
4. The federal government make funds available to the Canadian Institute for Health Information (CIHI) to assist in empowering the social work profession (including funding for database updates, member surveys, or other necessary activities to bring these processes about) to systematically implement a minimum data standard.

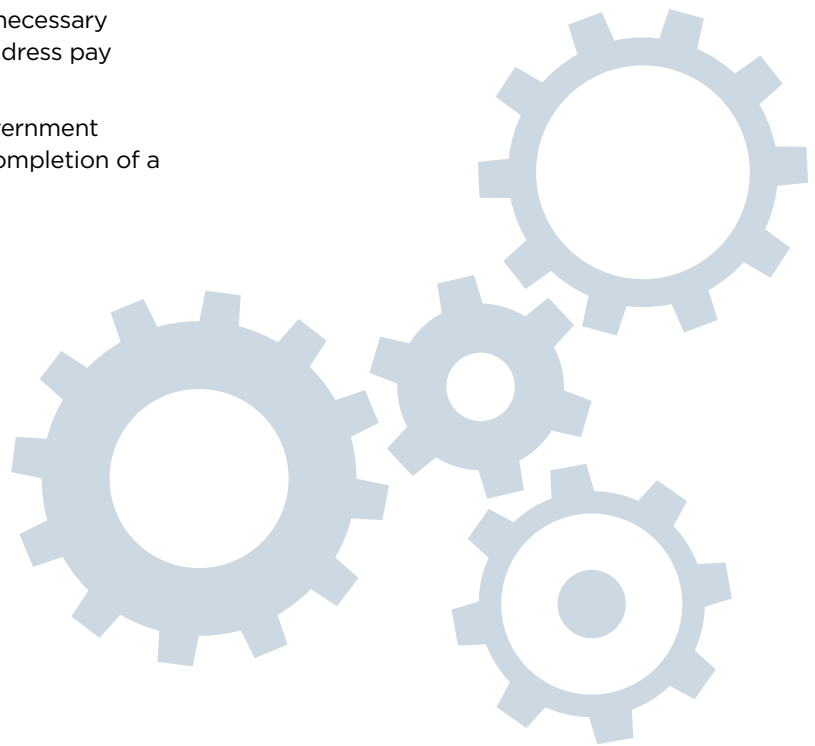
To achieve the above vision for the future, CASW makes the following recommendations that:

1. The federal government fund a comprehensive social work sector study and analysis of the social work workforce.

- A social work sector study is required to determine the Canadian workforce profile.
- A sector study will provide needed information about the number, roles, and scopes of practice of social workers in primary care across provinces and territories.
- A sector study will enable social work to better plan for health human resourcing in primary care and support long-term health service planning.
- A sector study will provide evidence to advocate for social workers to work to full scope of practice by identifying potential discrepancies and opportunities across different geographical jurisdictions.
- A sector study should also gather information regarding pay levels across different areas of social work practice, providing necessary information for employers to address pay disparities.
- We request that the federal government allocate \$1.5 million to enable completion of a comprehensive sector study.

2. That Health Canada include the Social Work profession on the Coalition for Action for Health Workers. Further, that the newly formed Health Workforce Canada prioritize the social work profession in its health and human resource research and planning.

As one of the leading health and social care professions, and Canada's most numerous mental health care professionals, social workers must be included in government-created organizations and coalitions designed to support, protect, and grow the health and mental health workforce in Canada.



3. The federal government make funds available for a National Social Work Caseload study.

- Currently, there are no national standards governing caseloads size for social workers in primary care.
- Tools for how to measure appropriate caseload size and complexity vary from region to region. Practices, and successes, vary as well. At the same time, there is research (as well as countless anecdotal reports) to demonstrate that social workers across Canada are working with enormous, unsustainable caseloads.
- There has been no large-scale study in Canada to help determine healthy and appropriate caseload for social workers in primary care and other related settings. Evidence and guidance regarding appropriate caseload size across primary care and other practice environments is egregiously lacking. This information is required to begin to create standards and to secure the wellbeing of the current and future health, mental health and substance use workforce. This study would help prevent burnout and create better care for service users.

4. The federal government make funds available to the Canadian Institute for Health Information (CIHI) to assist in empowering the social work profession (including funding for database updates, member surveys, or other necessary activities to bring these processes about) to systematically implement a minimum data standard.

Routinely and systematically collecting data about social workers employed in primary care is necessary to provide guidance for future health workforce planning.

References

1. Donnelly, C., Leclair, L., Hand, C., Wener, P., & Letts, L. (n.d.). Occupational therapy and primary care: a vision for the path forward. Canadian Association of Occupational Therapists. Available from: <https://caot.ca/uploaded/web/Practice%20Networks/Occupational%20Therapy%20and%20Primary%20Care-%20A%20Vision%20for%20the%20Path%20Forward.pdf>
2. Hutchison, B., Levesque, J-F., Strumpf, E., & Coyle, N. (2011). Primary health care in Canada: systems in motion. *Milbank Quarterly*, 89, 256–88.
3. Flood, C.M., Thomas, B., & McGibbon, E. (2023). Canada's primary care crisis: Federal government response. *Healthcare Management Forum*, 36(5), 327-332.
4. Public Health Agency of Canada. (2017). How healthy are Canadians? A trend analysis of the health of Canadians from a healthy living and chronic disease perspective. Available from: <https://www.canada.ca/en/pub-lic-health/services/publications/healthy-living/how-healthy-canadians.html>
5. Xiong J, Lipsitz O, Nasri F et al. (2020). Impact of COVID-19 pandemic on mental health in the general population: a systematic review. *J Affect Disord*, 277, 55-64.
6. Mental Health Commission of Canada. (2013). *Making the case for investing in mental health in Canada*. Available from: https://mentalhealthcommission.ca/wp-content/uploads/2021/09/Investing_in_Mental_Health_FINAL_Version_ENG_0.pdf
7. Pearson C, Janz T, & Ali J. (2013). Mental and substance use disorders in Canada. *Health at a Glance -Statistics Canada*. 82-624-X, 1-8. Available from: <https://www150.statcan.gc.ca/n1/en/pub/82-624-x/2013001/article/11855-eng.pdf?st=e5agRPlu>
8. Ashcroft, R., Donnelly, C., Dancey, M., Gill, S., Lam, S., Kourgiantakis, T., Adamson, K., Verrilli, D., Dolovich, L., Kirvan, A., Mehta, K., Sur, D., & Brown, J.B. (2021). Primary care teams' experiences of delivering mental health care during the COVID-19 pandemic: A qualitative study. *BMC Primary Care*, 22, 143.
9. Canadian Academy of Health Sciences. (2023). *Canada's health workforce: Pathways forward*. Available from: https://cahs-acss.ca/wp-content/uploads/2023/04/CAHS-Health-Workforce-Pathways-Forward-EN_Final_Apr-4.pdf
10. College of Family Physicians of Canada. (2020). A new vision for practice: The Patient's Medical Home. Available from: <https://patientsmedicalhome.ca/>
11. Starfield, B. (1994). Is primary care essential? *The Lancet*, 344, 1129-1133.
12. Ashcroft, R., McMillan, C., Ambrose-Miller, W., McGee, R., & Brown, J. (2018). The emerging role of social work in primary health care: A survey of social workers in Ontario Family Health Teams. *Health & Social Work*, 43(2), 109-117.
13. Kourgiantakis, T., Ashcroft, R., Benedict, A., Lee, E., Craig, S., Sewell, K., Johnston, M., McLuckie, A., Mohamud, F., & Sur, D. (2023). Clinical social work practice in Canada: A critical examination of regulation. *Research on Social Work Practice*, 33(1), 15-28.

- 
14. Tadic, V., Ashcroft, R., Brown, J., & Dahrouge, S. (2020). The role of social workers in interprofessional primary health care teams. *Healthcare Policy*, 16(1), 27-42.
 15. Ashcroft, R., Sheffield, P., Adamson, K., Phelps, F., Webber, G., Walsh, B., Dallaire, L.F., Sur, D., Kemp, C., Rayner, J., & Brown, J.B. A scoping review of social workers' roles, functions, and activities in primary care. *BMJ Open*. (In review)
 16. Brown, J.B. & Ryan, B. (2018). Processes that Influence the Evolution of Family Health Teams. *Canadian Family Physician*, 64(6), e283-e289.
 17. Donnelly, C., Ashcroft, R., Bobbette, N., Gill, S., Mills, C., Mofina, A., Tran, T., Vader, K., Williams, A., Miller, J. (2021). Interprofessional primary care during COVID-19: A survey of the provider perspective. *BMC Family Practice*, 22, 31.
 18. World Health Organization. (2024). Implementing the primary health care approach. A primer. Available from: <https://iris.who.int/bitstream/handle/10665/376777/9789240090583-eng.pdf?sequence=1>
 19. Canadian Association of Social Workers. (2024). CASW Code of Ethics, Values and Guiding Principles. Available from: <https://www.casw-acts.ca/en/casw-code-ethics-2024>
 20. Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly*, 83, 457-502.
 21. Ontario Government. (2012). Ontario's action plan for health care. Available from: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf
 22. Faber SC, Osman M, & Williams MT. (2023). Access to mental health care in Canada. *International Journal of Mental Health*, 52(3), 312-334.
 23. Moroz N, Moroz I, & D'Angelo, MS. (2020). Mental health services in Canada: Barriers and cost-effective solutions to increase access. *Healthc Manage Forum*, 33(6), 282-287.
 24. Sur, D., Ashcroft, R., Adamson, K., Tanner, N., Webb, J., Mohamud, F., & Shamsi, H. (2023). Examining diagnosis as a component of social workers' scope of practice: A scoping review. *Clinical Social Work*, 51, 12-23.
 25. Ashcroft, R., Feryn, N., Lam, S., Hussain, A., Donnelly, C., Mehta, K., Rayner, J., Sur, D., Adamson, K., Sheffield, P., & Brown, J.B. (2023). Social workers' formal and informal leadership roles in interprofessional primary care teams. *Healthcare Management Forum*, 36(5), 304-310.
 26. Canadian Institute for Health Information. (2023). Primary health care database. Privacy impact assessment. Available from: <https://www.cihi.ca/sites/default/files/document/primary-health-care-database-pia-en.pdf>
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